

EXHIBIT C

Declaration of Omar Gonzalez-Pagan in support of
Motion to Exclude Expert Testimony of Dr. Paul W. Hruz
Kadel v. Folwell, No. 1:19-cv-00272-LCB-LPA (M.D.N.C.)

UNITED STATES DISTRICT COURT
FOR THE
MIDDLE DISTRICT OF FLORIDA

DREW ADAMS, a minor,)
)
Plaintiff,)
)
vs.) Civil Action
) No. 3:17-cv-00739-TJC-JBT
THE SCHOOL BOARD OF ST.)
JOHNS COUNTY, FLORIDA,)
)
Defendant.)

VIDEOTAPED DEPOSITION OF PAUL W. HRUZ, M.D., Ph.D
Taken on behalf of Plaintiff
November 20, 2017
(Starting time of the deposition: 8:58 a.m.)

Exhibit
0002
9/29/2021
Hruz

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(The original exhibits were retained by the court reporter, to be attached to Mr. Gonzalez-Pagan's transcript.)

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) No.3:17-cv-00739-TJC-JBT
THE SCHOOL BOARD OF ST.)
JOHNS COUNTY, FLORIDA,)
)
Defendants.)

VIDEOTAPED DEPOSITION OF WITNESS, PAUL W.
HRUZ, M.D., Ph.D., produced, sworn, and examined on
the 20th day of November, 2017, between the hours of
nine o'clock in the forenoon and six o'clock in the
evening of that day, at the offices of Veritext Legal
Solutions, 515 Olive Street, Suite 300, St. Louis,
Missouri before BRENDA ORSBORN, a Certified Court
Reporter within and for the State of Missouri, in a
certain cause now pending in the United States
District Court for the Middle District of Florida,
wherein Drew Adams, a minor, is the Plaintiff and The
School Board of St. Johns County, Florida is the
Defendant.

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The Videographer: Ms. Kimberlee Lauer

1 Q. So is that a "yes" or a "no"?

2 A. That is a -- to make sure I understand the
3 question again, please address it again.

4 Q. If Drew asked you to use male pronouns,
5 would you use male pronouns?

6 A. Yes.

7 Q. In your practice -- and I take it you've
8 been practicing for several years, so in your
9 practice, how many transgender patients have you
10 treated in the past five years?

11 A. As stated explicitly in my declaration, I
12 intentionally do not treat transgender patients.

13 Q. At all?

14 A. That is correct.

15 Q. In any -- for any treatment?

16 A. Oh, the ones that I'm aware of, I have not
17 encountered any patients that have presented to me as
18 transgendered for any other conditions. I have
19 certainly encountered many patients where that was
20 something under consideration or something that I
21 suspected, but nobody has ever mentioned directly to
22 me that they were transgendered.

23 Q. Okay. So to your knowledge, you have not
24 treated any person that you knew was transgender?

25 MR. KOSTELNIK: Form.

1 A. Well, again, if you would -- yeah, that is
2 true for -- for the -- the patient -- somebody like
3 Drew Adams that was biologically normal. I have
4 certainly cared for hundreds of patients that have
5 disorders of sexual development. Many practitioners
6 will include those in that designation. I believe
7 that they are a completely different patient
8 population than Drew Adams.

9 Q. (By Mr. Gonzalez-Pagan) What is gender
10 dysphoria?

11 A. Gender dysphoria is the discomfort that one
12 experiences related to gender identity that does not
13 conform with one's biological sex.

14 Q. Is that the definition in the DSM?

15 A. Yes.

16 Q. It uses the word "discomfort"?

17 A. I'd have to go look back at the exact
18 wording of that. It's the difficulty that they
19 experience, psychological difficulty with that, yes.

20 Q. Okay. And based on your testimony, would
21 you agree that you have not treated any transgender
22 patients for gender dysphoria?

23 A. Yes, I would agree.

24 Q. Would you agree that Drew's treating
25 physicians have diagnosed him with gender dysphoria?

1 the person putting forward this clinic and trying to
2 understand what care that was being proposed to be
3 provided in the setting of that context in my role as
4 the director of our -- or the chief of our division of
5 endocrinology.

6 Q. Just to be clear, though, you have never sat
7 in a meeting between a provider and a patient
8 discussing their treatment options for gender
9 dysphoria?

10 A. That is correct, I've never been in the room
11 with a patient while that care is being discussed.

12 Q. All right. Would you agree that Drew Adams'
13 doctors have concluded that gender-affirming treatment
14 is appropriate treatment for him?

15 A. That is what they concluded, yes.

16 Q. Would you agree that Drew Adams' doctors
17 have concluded that the gender-affirming treatment has
18 been helpful to Drew?

19 A. I believe that that's what they claim, yes.

20 Q. Do you agree that Drew Adams' gender-
21 affirming treatment has been beneficial for him?

22 A. It depends on what you mean by beneficial.
23 I think that it is far too early to know what the
24 long-term outcome -- outcomes are going to be from
25 what is being provided for Drew Adams.

1 Q. As we stand here today, has the
2 gender-affirming treatment been beneficial to Drew
3 with regards to his gender dysphoria?

4 MR. KOSTELNIK: Object to form.

5 A. So similar to the literature that has
6 already been published in this area, Drew, by the
7 reports that I've read, is experiencing a -- a
8 lessening of the dysphoria in relation to the gender
9 discordance, and I would say that based on the
10 information that I saw, the answer is yes.

11 Q. (By Mr. Gonzalez-Pagan) As we stand here
12 today, do you agree that Drew Adams' gender-affirming
13 treatment has improved his quality of life?

14 A. So again, I can't say with certainty what
15 actually has improved his quality of life. I can say,
16 based on the record, that he is better adjusted than
17 previously.

18 Q. Dr. Hruz, you're an endocrinologist,
19 correct?

20 A. That is correct.

21 Q. You're not a psychiatrist, correct?

22 A. That is correct.

23 Q. You're not a psychologist?

24 A. That is correct.

25 Q. Are you a licensed mental healthcare

1 provider of any kind?

2 A. I am not.

3 Q. Can you diagnose gender dysphoria?

4 A. I can -- I can diagnose gender dysphoria to
5 the extent that my colleagues, as pediatric
6 endocrinologists, follow the DSM-5 and look at the
7 criteria and put the check boxes there. That is the
8 extent of what my colleagues, as pediatric
9 endocrinologists, do, and I'm just as capable of doing
10 that as they are.

11 Q. As an endocrinologist, do you routinely
12 diagnose conditions in the DSM-5?

13 A. I -- I do not -- well, let me -- I'm
14 trying -- the reason I'm waiting is I'm trying to
15 think as I put in my ICD9 codes in my visits, I do
16 believe that I've actually added them, but I do not
17 consider myself as a psychiatrist to making those
18 diagnoses, no.

19 Q. Do you have any basis to know whether Drew
20 Adams has suffered distress as a result of being
21 denied access to the restroom consistent with his
22 gender identity?

23 A. I can only evaluate what is contained within
24 his patient chart and the literature -- or the
25 information that was provided to me.

1 whether the person they're using right now is not
2 specifically dedicated to the clinic, but there are
3 many psychologists there at Children's Hospital, and I
4 certainly could refer them to one of those
5 psychologists, that's correct.

6 Q. Just to clarify, would you discourage them
7 from using the transgender center at your university?

8 A. I would neither encourage nor discourage. I
9 would merely state that I do not agree with the
10 treatment that is being done in that clinic.

11 Q. And that treatment is the treatment that is
12 in accordance with the Endocrine Society's clinical
13 guidelines?

14 A. That is correct.

15 Q. And in accordance with the WPATH standards
16 of care?

17 A. As I understand it.

18 Q. And the treatment that is being allowed by
19 the Washington University at the clinic?

20 A. Yes.

21 Q. Would you tell the patient that?

22 A. Excuse me. Tell them what?

23 Q. That the care provide -- would you tell the
24 patient that the care provided at the transgender
25 center is in accordance with the Endocrine Society's

1 clinical guidelines?

2 A. I would let them know that the clinic was
3 available, and I would let the people in that clinic,
4 if they chose to attend that clinic, present all of
5 the information for the basis for their treatment
6 approach.

7 Q. So you wouldn't inform the patient that the
8 treatment is in accordance with the clinical
9 guidelines?

10 A. I'm envisioning the hypothetical situation
11 that you're talking about, and the extent of my normal
12 clinic visit and how much time I have to present all
13 of the -- the important aspects of clinical care, and
14 I'm envisioning that there would be a limit of the --
15 the length of that conversation if I was going to
16 adequately address all of the other relevant issues
17 that I was caring that patient for [sic].

18 Q. Would you suggest that the patient seek
19 conversion therapy?

20 A. No.

21 Q. Is the treatment at the transgender center
22 consistent with the position and recommendations of
23 the American Medical Association?

24 A. I -- as I understand it, yes.

25 Q. Is the treatment at the transgender center

1 consistent with the position and recommendations of
2 the American Academy of Pediatricians?

3 A. The AAP, yes.

4 Q. Is the treatment at the transgender center
5 consistent with the position and recommendations of
6 the American Psychiatric Association?

7 A. I don't follow those as closely, but I would
8 assume yes.

9 Q. Is the treatment at the transgender center
10 consistent with the position and clinical guidelines
11 of the American Psychological Association?

12 A. The same as the last answer. To my
13 knowledge, I don't know them specifically, but I would
14 say yes.

15 Q. Okay. Let's go a little bit for some of
16 your memberships. You're a member of the American
17 Medical Association, right?

18 A. No.

19 Q. Were you a member of the American Medical
20 Association?

21 A. I was in the past, yes.

22 Q. Are you a member of the American Academy of
23 Pediatricians?

24 A. Yes.

25 Q. Is your position in your report and as you

1 sit -- sit here today consistent with the position of
2 the American Academy of Pediatricians?

3 A. It is not consistent with the -- the opinion
4 that is presented by the AAP. Again, I will note that
5 is not a -- a position that has been voted upon by the
6 entire membership of the AAP.

7 Q. Are the -- all the positions adopted by the
8 AAP voted upon by the membership?

9 A. No. In fact, they're usually voted on by a
10 very small select committee, a -- a very minority of
11 the entire academy.

12 Q. So the position of the AAP on this subject
13 has been adopted via its regular procedures?

14 A. Yes. Which -- which I would add do not
15 involve membership of the entire academy.

16 Q. Are you a member of the Endocrine Society?

17 A. Yes, I am.

18 Q. Are your positions here today and in your
19 report consistent with the clinical guidelines of the
20 Endocrine Society?

21 A. They are at odds with the recommendations
22 that are put forward, the guidelines that are put
23 forward for the treatment of gender dysphoria.

24 Q. You're a member of the Pediatric Endocrine
25 Society, correct?

1 A. Yes, I am.

2 Q. Are your positions here today and the
3 positions in your report consistent with the positions
4 adopted by the Pediatric Endocrine Society?

5 A. They are not, and I've actually written to
6 the PES on more than one occasion with my opinions and
7 invited them to dialogue about the -- the scientific
8 evidence that I have in dispute from -- that are
9 included per the recommendations.

10 Q. And we've requested those comments, right?

11 A. Yes. And everything I have on file, I gave
12 you everything I have. I don't have records of
13 anything that I did not send you.

14 Q. You have published a body of literature in
15 your career, correct? Right?

16 A. That is correct.

17 Q. How many peer-reviewed articles have you
18 written and published regarding gender identity?

19 A. I have not published peer-reviewed articles
20 on gender identity.

21 Q. How many peer-reviewed articles have you
22 written and published regarding transgender people?

23 A. I have not written peer -- peer-reviewed
24 papers on that topic.

25 Q. How many peer-reviewed articles have you

1 written and published regarding the treatment of
2 transgender children and adolescents?

3 A. Again, as peer-reviewed, I have not written
4 any.

5 Q. How many peer-reviewed articles have you
6 written and published regarding the treatment of
7 gender dysphoria?

8 A. I have not written any.

9 Q. How many peer-reviewed articles have you
10 written and published regarding the use of restrooms
11 by transgender students?

12 A. I have not written any.

13 Q. How many studies have you conducted
14 regarding gender identity?

15 A. Conducted, I have not conducted any, but I
16 am in the process right now of responding to a
17 research funding announcement by the NIH to be able to
18 engage in that research.

19 Q. But just to be clear, you haven't conducted
20 any as we stand here today?

21 A. That is correct.

22 Q. And you -- have you submitted that proposal
23 to the NIH?

24 A. I -- I have not.

25 Q. How many studies have you conducted

1 regarding transgender people?

2 A. I have not.

3 Q. How many studies have you conducted
4 regarding the treatment of transgender children and
5 adolescents?

6 A. I have not.

7 Q. How many studies have you conducted
8 regarding the treatment for gender dysphoria?

9 A. I have not.

10 Q. How many studies have you conducted
11 regarding the use of restrooms by transgender
12 students?

13 A. I have not.

14 Q. So you have no experience treating gender
15 dysphoria, right?

16 A. Treating gender dysphoria?

17 Q. Yes.

18 A. I have not -- as I said earlier, I have not
19 treated patients with gender dysphoria.

20 Q. And you have no experience conducting
21 studies regarding transgender youth and adolescents,
22 correct?

23 A. Conducting studies, I have not, as I said,
24 have not participated in any studies to date.

25 Q. And you have no experience conducting

1 studies regarding gender dysphoria?

2 A. I have not conduct -- as I said, I have not
3 conducted any studies on gender dysphoria.

4 Q. Nor have you published any literature
5 regard -- regard -- peer-reviewed literature regarding
6 gender dysphoria?

7 A. Peer-reviewed, no.

8 Q. So having no experience treating transgender
9 patients for gender dysphoria, no experience
10 conducting studies regarding transgender people, and
11 no experience publishing peer-reviewed literature
12 regarding transgender people, you consider -- do you
13 consider yourself an expert on transgender issues?

14 MR. KOSTELNIK: Object to form.

15 A. I am a physician/scientist who has
16 extensively read the literature for the merits, as I
17 do in any other condition, and I believe I have
18 expertise related to my role as a physician and a
19 scientist and a pediatric endocrinologist to
20 adequately assess the quality and quantity of the
21 literature that's present on this area.

22 Q. (By Mr. Gonzalez-Pagan) And having no
23 experience treating gender dysphoria, no experience
24 conducting studies -- scratch that.

25 Let's talk a little bit about your article,

1 references that I provided, that it would not be
2 sufficient.

3 Q. (By Mr. Gonzalez-Pagan) Okay. Can you
4 please read for me the last paragraph?

5 A. "In summary, as researchers and clinicians
6 with expertise in gender and sexuality, we affirm that
7 the 'Sexuality and Gender' report does not represent
8 prevailing expert consensus opinion about sexual
9 orientation or gender identity, related research or
10 clinical care."

11 Q. Do you agree with that statement?

12 A. To the extent that the paper, the "Sexuality
13 and Gender" paper, addresses the issue of consensus,
14 what we define by consensus -- so the -- there are
15 many individuals that signed this letter that have an
16 opinion that is not supported by the literature that's
17 cited in the "Sexuality and Gender" paper. So if you
18 look to the specific information contained within that
19 paper and critically evaluate it, I think that it
20 would be at odds with what these individuals that have
21 signed this paper have put forward.

22 Q. Is the position of the American Medical --
23 Medical Association at odds with the position of this
24 [sic] several hundreds of signatories?

25 A. So the American Medical Association, all of

1 the -- the organizations that we already mentioned
2 earlier in this deposition have similar statements
3 related to the treatment guidelines, and all of them
4 are limited by the lack of scientific justification or
5 evidence supporting those recommendations.

6 Q. Okay. And just to clarify, that's the
7 American Medical Association, right?

8 A. That's one of the organizations, correct.

9 Q. And the American Academy of Pediatricians,
10 right?

11 A. That is correct.

12 Q. And the American Psychological Association?

13 A. That is correct.

14 Q. And the American Psychiatric Association?

15 A. That is correct.

16 Q. And the Endocrine Society?

17 A. That is correct.

18 Q. And the Pediatric Endocrine Society?

19 A. That is correct.

20 Q. And the World Professional Association of
21 Transgender Health?

22 A. That is correct.

23 Q. All right. Would you agree that your
24 article, Growing Pains, similarly does not reflect
25 current scientific or medical consensus about gender

1 with that, so --

2 Q. Is "Growing Pains" your only article on
3 transgender people and gender dysphoria?

4 A. Yes.

5 Q. Are you familiar with the St. John Paul II
6 Bioethics Center?

7 A. Absolutely.

8 Q. Is this St. John Paul II Bioethics Center a
9 religiously affiliated institution?

10 A. Yes, it is.

11 Q. Is it part of the Holy Apostles College and
12 Seminary?

13 A. Yes, it is.

14 Q. Did you speak at the St. John Paul II
15 Bioethics Center just three days ago, on Friday,
16 November 17th?

17 A. I did, yes.

18 Q. During your speech last Friday, did you --
19 you said, "The identity of the individual is
20 interactively linked to the body and the soul of the
21 person." Is that right?

22 MR. KOSTELNIK: Form.

23 A. Repeat that again, just so I make sure you
24 said that accurately.

25 Q. (By Mr. Gonzalez-Pagan) During your speech

1 last Friday, you said, "The identity of the individual
2 is interactively linked to the body and soul of a
3 person." Is that correct?

4 MR. KOSTELNIK: Form.

5 A. That is correct.

6 Q. (By Mr. Gonzalez-Pagan) During your speech
7 last Friday, you said about being transgender, that,
8 in fact, it probably goes back to some of the early
9 heresies in the church; is that correct?

10 A. The introduction that I was providing to
11 that audience was trying to put the context of the
12 discussion in the proper framework, and I specifically
13 made the statement that I am not a philosopher, that
14 I'm going to be talking about issues of science and
15 medicine. And it was an introduction to that talk
16 to -- for that audience.

17 Q. Okay. Do you know who Caitlyn Jenner is?

18 A. Yes, I do.

19 Q. Caitlyn Jenner is a transgender woman,
20 correct?

21 MR. KOSTELNIK: Form.

22 A. Caitlyn Jenner, formerly known as Bruce
23 Jenner, is somebody that has been widely advertised
24 in -- in the media related to the gender transition
25 that -- that Caitlyn underwent.

1 Q. (By Mr. Gonzalez-Pagan) Is Caitlyn Jenner
2 transgender?

3 A. By definition, yes.

4 Q. In referring to a picture of Caitlyn Jenner,
5 did you not say these pictures are often disturbing?

6 A. I did. And that was the slide --
7 specifically was the statement, not Caitlyn Jenner,
8 but there were two other pictures presented in that
9 talk of children saying I hate my body. That was what
10 I was referring to.

11 Q. Just to be clear, when it comes to the
12 treatment of transgender people and gender dysphoria,
13 your only publication is in a religiously-affiliated
14 journal and you've spoken to -- about the topic to
15 religiously-affiliated institutions?

16 MR. KOSTELNIK: Form.

17 A. I have offered to speak at all institutions
18 that have invited me. And to date, yes, that was --
19 that was the institute that -- that invited me to
20 speak last Friday.

21 Q. (By Mr. Gonzalez-Pagan) When did you first
22 become interested in the matter of transgender people
23 and the treatment of -- for gender dysphoria?

24 A. It was about five to six years ago, as chief
25 of our Division of Endocrinology, when the question

1 A. I provided everything that I have access to
2 right now that I can recall. I'm only stating that
3 there are likely other papers that I do not have
4 access to, because I did not keep track of it at the
5 time that I read them or looked at them.

6 Q. Okay. Have you spoken with Dr. Allan
7 Josephson?

8 A. Yes, I have.

9 Q. When?

10 A. On multiple occasions.

11 Q. Can you please describe?

12 A. I met Dr. Josephson within the last year
13 as -- it was probably in the spring at some point in
14 time, the first time that I actually met him. We've
15 had a number of conversations over this past year,
16 specifically related to his expertise as -- as a
17 psychiatrist and mine as an endocrinologist. I have
18 drawn upon him for questions related to psychiatric
19 issues that -- that I did not have expertise in, to
20 gather his opinion.

21 Q. In what capacity did you first
22 counter-interact with Dr. Josephson?

23 A. It was at a conference that was put together
24 to bring experts from various disciplines to this
25 question of -- of gender dysphoria.

1 Q. Who put that conference together?

2 A. The Alliance Defending Freedom.

3 Q. The Alliance Defending Freedom is a
4 religiously-affiliated institution, isn't it?

5 A. If you say so. I don't pay attention to
6 what their religious affiliation is.

7 Q. When was this conference?

8 A. It was in the -- I don't know the exact
9 date, but it was in the spring.

10 Q. Where was this conference?

11 A. It was in Phoenix.

12 Q. Aside from you and Dr. Josephson, do you
13 recall any other experts, physicians or clinicians
14 that attended this conference?

15 A. Yes, there were -- there was several other
16 psychiatrists and psychologists. I don't remember
17 their specific names, unfortunately. There were
18 people that are in the social sciences. There was one
19 other endocrinologist. I'm trying to remember who
20 else was there. There were several lawyers from the
21 ADA.

22 Q. Do you have any documents pertaining to this
23 conference?

24 A. Not that I saved, no.

25 Q. Just to clarify, is there anything you

1 university, they offer gender-affirming treatment for
2 gender dysphoric youth?

3 A. Yes, they do.

4 Q. Do they offer reparative treatment as a
5 treatment for gender dysphoria at Boston Children's
6 Hospital?

7 MR. KOSTELNIK: Form.

8 A. The word reparative therapy covers a lot of
9 connotation by different people but to my
10 understanding, they do not make any specific effort in
11 counseling to lead to the realignment of gender with
12 sex, if that's what you mean by conversion therapy.

13 Q. Before you started researching the issues of
14 dysphoria around five years ago, had you met with
15 Dr. Spack then?

16 MR. KOSTELNIK: Form.

17 A. Prior to five years ago, I do not recall a
18 specific encounter yet. I'm sure we interacted at
19 some point at one of the international meetings.

20 Q. (By Mr. Gonzalez-Pagan) In Paragraph 7, you
21 state that you have met with parents of children with
22 gender dysphoria; is that correct?

23 A. That is correct.

24 Q. In what capacity have you met with the
25 parents of transgender children?

1 A. Again, this was at the very early time frame
2 when I was trying to investigate the claims for the
3 treatment and care, and I wanted to get as
4 comprehensive of a viewpoint as I could. The first
5 encounter I had was with a mother of an organization
6 called Trans Parent Child, and I sat down for lunch
7 with her for an extended period of time, more to
8 listen to the experience that she had in countering a
9 transgender child that she had.

10 Q. With how many parents of transgender
11 children have you met?

12 A. Met or spoken on the phone? I think lately
13 many of them have been over the telephone. I would
14 say it's less than a dozen, but it's quite a few, and
15 it's actually increased certainly since the
16 publication of the "New Atlantis" article.

17 Q. So in the last five years, you've spoken to
18 less than a dozen parents of transgender children?

19 A. Yes.

20 Q. When you first met with the parent of the --
21 associated with the organization Trans Parent, was
22 this before you dealt -- scratch that.

23 MR. GONZALEZ-PAGAN: You're going to object
24 anyway.

25 Q. (By Mr. Gonzalez-Pagan) When you met with

1 the parent associated with the association Trans
2 Parent, had you already delved into the literature
3 regarding gender dysphoria?

4 A. I was starting the process. It was very
5 early on, so I don't recall the exact timing. I had
6 read some papers, but I was still in the very early
7 investigative phase.

8 Q. You said you have been contacted by parents
9 since the publishing of your article "Growing Pains."
10 Is that correct?

11 A. That is correct.

12 Q. How many have contacted you since the
13 publishing of the article "Growing Pains"?

14 A. I'm not keeping track of that.

15 Q. Less than 35?

16 A. It may be more than five. Probably less
17 than a dozen.

18 Q. What did you discuss with the parents of the
19 transgender children that have contacted you since the
20 publishing of your article "Growing Pains"?

21 A. I specifically discussed the context of my
22 "New Atlantis" article in my role as a physician,
23 which I always take as being a teacher. I try to
24 educate them on my understanding of the condition and
25 the treatment paradigm that was being offered to their

1 outcome and one with no bias as to what the outcome
2 is. The goal, my understanding, of the people that I
3 would recommend for psychiatric care would be
4 interested in the best interest of the child for their
5 best psychosocial functioning moving forward. That is
6 the goal.

7 Q. Are you aware that reparative therapy is
8 considered harmful by the American Medical
9 Association?

10 A. I find no scientific justification to
11 support that statement, but they do say that, yes.

12 Q. Are you aware that the Department of Health
13 and Human Services commissioned a study with regards
14 to conversion therapy?

15 A. I am familiar with the evidence that's
16 available that's put forward as the evidence that says
17 that it's harmful, and it's by no means definitive
18 information. There are problems with the studies that
19 limit the ability to make those conclusions.

20 Q. Just to clarify, you believe reparative
21 therapy is an appropriate option for treatment?

22 A. I don't believe there's enough evidence to
23 make a definitive statement one way or the other, but
24 I believe that there -- that the psychotherapy that I
25 believe can be helpful, whether it leads to conversion

1 access the bathrooms as the cause of Drew's distress
2 is not supported.

3 Q. But you're not a mental health provider,
4 right?

5 A. That is correct.

6 Q. And you've never met with Drew, right?

7 A. That is correct.

8 Q. Let's go back to the meetings with parents
9 that you had when you were first delving into this
10 topic?

11 A. Very good.

12 Q. You discussed that you met with a parent
13 associated with an organization called Trans Parent;
14 is that correct?

15 A. That is correct.

16 Q. What did you learn from that meeting?

17 A. I learned quite few things. The most
18 important thing that I learned, and that was what I
19 was actually seeking in the interaction, was to really
20 understand the suffering that was going on in this
21 family. I wanted to understand the dynamics of what
22 was going on in the family, the approach that the
23 parents had in dealing with the presentation of their
24 child, what they had attempted to do to address this
25 particular issue, and at that point in time, I was

1 approaching this in a purely investigative manner. I
2 did more listening than anything else, asking
3 questions about their lived experience.

4 Q. What did the parent tell you?

5 A. Well, that was many years ago, but I will
6 try to summarize my recollection of that conversation.
7 This was with the mother. And she shared that this
8 child, who was a prepubertal in early grade school,
9 told her, when the mother was talking -- they were
10 combing hair or something of that nature -- that she
11 would -- he, at that time, was a girl, so she was
12 referring to him as a girl, and that the parents'
13 reaction initially was shock, fear, trying to
14 understand what was going on, trying to be able at
15 that time -- this was early on in this resurgence --
16 or emergence, I should say of this discussion that's
17 going on socially, so there wasn't, at that time, a
18 lot of resources being published on the Internet.

19 So she shared her attempt to look at what
20 experience people have had with this particular
21 condition. And I saw at that time, certainly a parent
22 that was desiring to do the best for their child, but
23 having questions that were not answered, and at that
24 time, with the information I had, I was certainly not
25 able to provide any answers. And, in fact, at this

1 point in time, I don't think I would have been able to
2 specifically answer the questions that she had as far
3 as long-term outcomes, because we don't have that
4 information. It was a very respectful conversation.
5 It was very helpful. I think that it was mutually
6 beneficial, but, again, the purpose was for me to
7 understand this particular family and their experience
8 with transgender identity.

9 Q. What is the organization Trans Parent?

10 A. All I know is it's a -- it's supposed to be
11 a support group, and I think that the parents
12 themselves, the woman I talked to at that time was
13 trying to get out information so other people
14 understood what they were experiencing.

15 Q. In that meeting with the parents of a
16 transgender -- let me scratch that.

17 The next set of the questions I'm just going
18 to be focusing on that one parent.

19 A. Okay.

20 Q. In that meeting with the parent of the
21 transgender child, did you ever tell the parent that
22 their child was not normal and would never be normal?

23 A. I did not, because I was still investigating
24 and trying to understand what was going on.

25 Q. In that meeting with the parent of that

1 transgender child, did you ever tell that parent that
2 their transgender son was a girl and would never be a
3 boy?

4 A. I never said that, no.

5 Q. In that meeting with the parent of that
6 transgender child, have you ever told -- scratch that.

7 In that meeting with the parent of a
8 transgender child, did you ever tell the parent that
9 surgeries attempting to change sex was wrong and went
10 against God's plan for humanity?

11 A. No, not that I recall. That was many years
12 ago, but I don't remember that, no.

13 Q. In that meeting with the parents of the
14 transgender child, did you not urge them to read Pope
15 John Paul II's writing on gender to fully understand
16 God's plan regarding gender?

17 A. Thank you for reminding me. That was a long
18 time ago, so this is bringing back some information.
19 I believe that -- this was a personal conversation.
20 This was a one-on-one conversation, and I think at the
21 time that we began talking about that, she started
22 relating her personal faith training, and I never back
23 away from those conversations when people are asking
24 me those questions, and I think that that's what led
25 to that particular conversation.

1 Q. Are you aware that the AMA, quote, "opposes
2 the use of reparative or conversion therapy for sexual
3 orientation or gender identity"?

4 MR. KOSTELNIK: Form.

5 A. I'm aware of the WPATH saying that, and I --
6 I believe it may also be in the AMA statement as well.

7 Q. (By Mr. Gonzalez-Pagan) Are you aware that
8 the American Academy of Pediatricians has stated that,
9 quote, "In no situation is a referral for conversion
10 or reparative therapy indicated"?

11 A. I'm aware of that statement, yes.

12 Q. Are you aware that a publication by the
13 American Psychological Association and the U.S.
14 Department of Health and Human Services states that
15 interventions -- quote, "Interventions aimed at a
16 fixed outcome, such as gender conformity or
17 heterosexual orientation, including those aimed at
18 changing gender identity, gender expression and sexual
19 orientation are coercive, can be harmful and should
20 not be part of the behavior health treatment"?

21 MR. KOSTELNIK: Form.

22 A. I am aware of that statement, but there is
23 no scientific evidence to support that statement.

24 Q. (By Mr. Gonzalez-Pagan) On what basis do you
25 disagree with that statement?

1 amount of experience that somebody who is a
2 clinical -- a full-time clinician versus -- now, I --
3 I know from my own experience many people that are
4 listed on those clinical studies were not the ones
5 that designed the trial. They're not the ones
6 analyzing the data. Their role usually in those
7 studies, as clinical faculty, are usually in filling
8 out and the protocols that are present for those. And
9 now the specifics of the trial that she's involved
10 with, I would have to look in more detail to assess
11 that in -- in greater detail.

12 Q. Okay. Do you know what her role is?

13 A. You'll have to tell me what the study is
14 and -- and give me more information to be able to do
15 that.

16 Q. Did you review Dr. Ehrensaft's expert --
17 expert report in this case?

18 A. I did.

19 Q. Have you published any peer-reviewed
20 literature regarding gender dysphoria or transgender
21 youth?

22 A. These are questions that I've already
23 answered, and the answer is no.

24 Q. Okay. Are you aware that Dr. Ehrensaft has
25 published a number of peer-reviewed articles regarding